

Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 14335 Musgrove Farm Ct
 City: Glenwood State: MD Zip Code: 21738
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 26
 Tax Map: 21 Parcel: 12 Grid: 12
 Zoning: _____ Map Coordinates: _____ Lot Size: 33,026

Existing Use: SFD
 Proposed Use: SFD Inground pool
 Estimated Construction Cost: \$ 49,600
 Description of Work: 18' x 38' inground pool, depth 3' to 7', fence to add by owner
 Occupant or Tenant: _____

Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Stiller
 Address: 14335 Musgrove Farm Ct
 City: Glenwood State: MD Zip Code: 21738
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address (if other than stated herein)
 Applicant's Name: Karen Rowley
 Address: 283 Southland Ct
 City: Dunkirk State: MD Zip Code: 21054
 Phone: 410 507-7705 Fax: _____
 Email: _____

Contractor Company: Catalina Pool Builders
 Contact Person: g. Safforth
 Address: 836 Suite 8 Rt 2
 City: Severna Park State: MD Zip Code: 21146
 License No.: 126789
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Karen Rowley
 Applicant's Signature

 Email Address

 Title/Company

Karen Rowley
 Print Name

 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10/22/14</u>	<u>J. G. Swath</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check <u>1385</u>	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

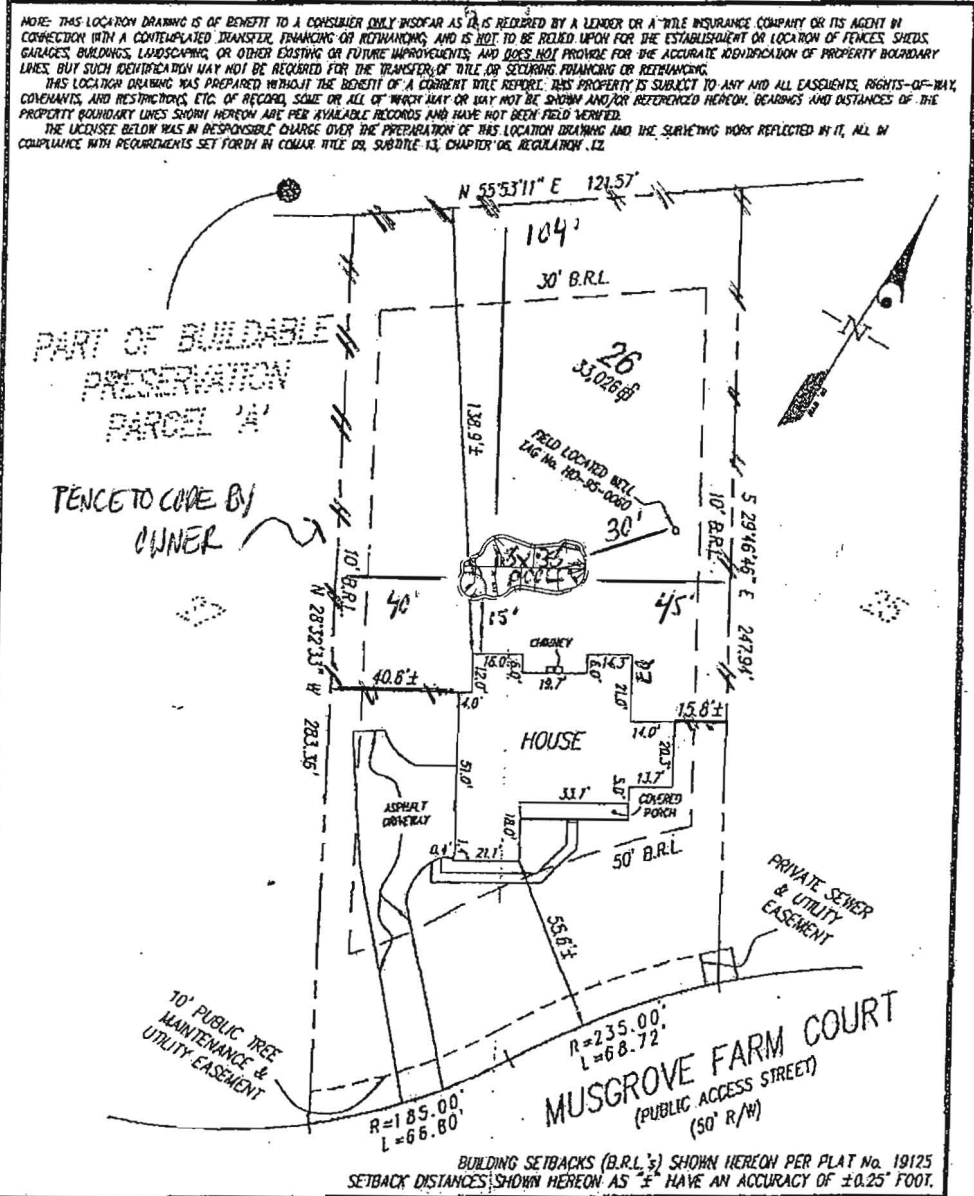
APP. SAN H. O. Smith DATE: 10/22/14

DESC. OF WORK: 18' x 38' inground pool

depth 3'-7"

Stiller

205
20



BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER PLAT No. 19125 SETBACK DISTANCES SHOWN HEREON AS ± HAVE AN ACCURACY OF ±0.25' FOOT.

GLW GUTSCHICK LITTLE & WEBER, P.A.
 CIVIL ENGINEERS, LAND SURVEYORS, LAND PLANNERS, LANDSCAPE ARCHITECTS
 3309 NATIONAL DRIVE - SUITE 250 - BURTENVILLE OFFICE PARK
 BURTENVILLE, MARYLAND 20866
 TEL: 301-421-4024 FAX: 410-880-1820 DC/VA: 301-983-2521 FAX: 301-421-4106

THE PROPERTY SHOWN HEREON LIES WITHIN ZONE C (AREA OF MINIMAL FLOODING) AS SHOWN ON THE F.E.A.L. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL No. 240041.002D II, REVISED DECEMBER 4, 1996.
 REFERENCE: PLAT No. 19125
 DATE OF LATEST FIELD WORK: 08-15-08
 DRAWN BY: SM SCALE: _____ GLW FILE No. _____

STILLER, LARRY - CALDWAY
14335 MUSGROVE FARM CT
Glenwood, MD 21738
Account # 371984
Scale 1" = 60'

LAYOUT _____

INSP 1 7/14/08 INSP 3 _____

INSP 2 _____ INSP 5 _____

ISSUE DATE: 3/12/08

APPROVAL
DATE:

8/22/08

(logged in)

PERMIT SHARED SEPTIC SYSTEM

P 528532

A 518538

Tax ID# 04-371771
HOUSE SEWER LINE CONNECTION

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

NVR, Inc/Ryan Homes IS PERMITTED TO INSTALL ALTER

ADDRESS: 6085 Marshalee Drive, Elkridge MD 21075 PHONE NUMBER: 410-796-0980

SUBDIVISION Musgrove Farm LOT NUMBER: 26

ADDRESS: 14335 Musgrove Farm Court PROPERTY OWNER: NVR, Inc.

NUMBER OF BEDROOMS: 4

HOUSE SERVED BY PUBLIC WATER? ~~YES~~ **NO**

LOCATION:	Install 4" house sewer line connection per the approved site plan.
NOTES:	This permit is limited to the installation of the individual house sewer line connection and installation of the grinder pump, if applicable. The Howard County Bureau of Utilities must be contacted for scheduling of inspection of these items, as well at 410-313-4900.

PLANS APPROVED: Kevin Wolf DATE: 6/12/08

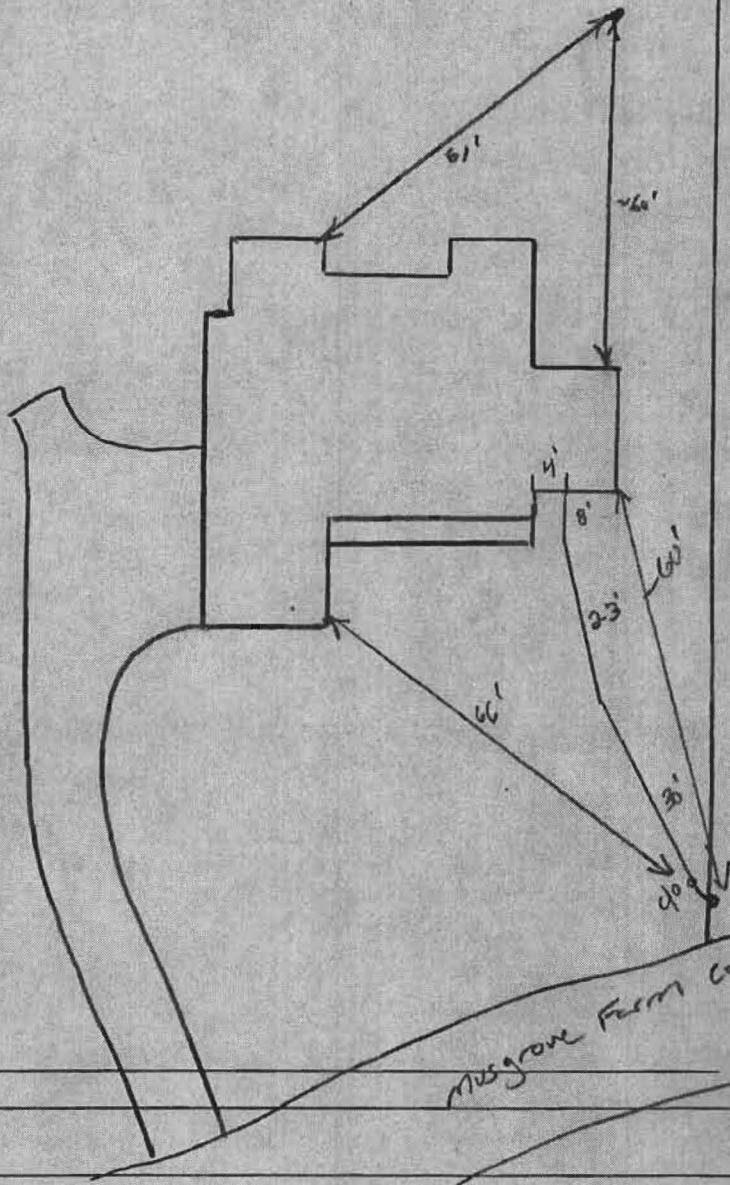
PERMIT VOID AFTER 2 YEARS

1. CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS.
2. ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED.
3. MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED.
4. CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT.
5. NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
6. PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

CALL 410-313-1771 FOR INSPECTION HOUSE CONNECTION

NOT TO SCALE

HO-95-0060



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA

SEPTIC TANK I LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

PUMP/SEPTIC TANK LEVEL

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

PRE-CONSTRUCTION

INSTALLATION:

8/22/08 Pump and alarm working. *8/17/08 SHC made OK to backfill (KB)*

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

8/22/08

